PART B - FEE(S) TRANSMITTAL

d send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

AU6 3	O SOE THE STORY OF			or]	P.O. Box 1450 Alexandria, Virg Fax (703) 746-4000	ginia 22313-1450	/	
INSTRUCTION SEE (if required). Blocks 1 through 5 should be complete appropriate will further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence and indicating a separate "FEE ADDR indications."							should be completed where correspondence address as arate "FEE ADDRESS" for	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address 00758 7590 06/21/2005				Note: A certificate of Fee(s) Transmittal. The	mailing can only be used fais certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
FENWICK & WEST LLP SILICON VALLEY CENTER 801 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041 88/31/2005 LHONDIN2 00000083 10087089					I hereby certify that the States Postal Service addressed to the Matransmitted to the USF	Smith, Reg. No.	g deposited with the United st class mail in an envelope shove, or being facsimile date indicated below. 20,355 Depositor's name)	
)1 FC:15	501	1400.00 OP	1400.00 OP		(8 26 OS	(Signature) (Date)	
	APPLICATION NO. FILING DATE			FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
_	10/087,089 02/27/2002				K, Chin	80121-6652 . 1991 .		
TITLE OF INVENTION: TEMPORARY ARTERIAL SHUNT AND METHOD								
	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400)	\$0	\$1400	09/21/2005	
	EXAMINER AF		ART UN	IIT	CLASS-SUBCLASS]		
	BIANCO, PATRICIA 37			2 604-080000				
CFF [A [1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fenwick & West LLP			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Origin Medsystems, Inc. Santa Clara, CA						Reel 012894 F	rame 0387	
Plea	se check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	oatent): 🗖 Individual 💆 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							•	
							credit any overnoument to	
	Advance Order - # 0	i Copies		Deposit Acc	ector is hereby authorized by count Number	(enclose an extra	copy of this form).	
Ç	a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming SMA			
The NOT inter	Director of the USPTO TE: The Issue Fee and P rest as shown by the reco	is requested to apply the Issu hublication Fee (if required) words of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if ar I from anyone Office.	ny) or to re-apply any previousle other than the applicant; a reg	y paid issue fee to the applic istered attorney or agent; or t	ation identified above. he assignee or other party in	
	Authorized Signature		e Smi	zh.	Date	8/26/0		
Typed or printed name Albert C. Smith Registration						No. 20,355		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.